

Note: This is a sample

template, it is not

an OMB approved

form.

**Universal 911 Dialing- First Transition Report**

Please read instructions before completing

**Section 1**

**Carrier Identification Information**

Parent Company Name  
Ontonagon County Telephone Company, Inc.

Service Provider Name  
Midway Telephone Company

Company Address, City, State, Zip  
Hwy M-38 - P.O. Box 97  
Watton, MI 49970-0097

Service Provider Type ☐ Wireless ☐ Wireline  
Wireline

Name(s) of Wireless License Holder(s)

Contact Name  
Dorothy J. Sharkey

Contact Tel #  
906 884 9911

Fax #  
906-884-6400

E-mail Address  
octcdjs@jamadots.com

**Section 2**

**Local Area 911 Implementation**

s List all individual local areas covered by this report (e.g., Lee County, Virginia):  
Ontonagon County, Michigan

(a) For each area listed above, identify the emergency response point to which 911 calls will be routed.

Ontonagon County Sheriff's Department 906-884-4901 (proposed-pending County Board Approval)

(b) For each area listed above, provide details of the carrier's progress in completing translation and other work necessary to route 911 calls to the identified emergency response point.

Presently implementing Emergency Region Codes in switching equipment to accommodate multiple counties

(c) For each area listed above, provide the date or projected date that transition to the 911 abbreviated dialing code will be completed.

May 1, 2002 (projected)

### **Section 3 911 Implementation Problems**

(a) Describe any problems the reporting carrier has encountered in identifying 911 number call routing points. Describe any other operational problems carrier has experienced during the initial transition stages.

N/A

(b) Where the reporting carrier has experienced 911 implementation problems, describe any efforts the carrier has made to coordinate with public safety agencies and state and local authorities.

N/A

**Section 4**

**Certification - To be signed by an authorized representative of the reporting entity**

- ☐ [X ] I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and accurate statements of the affairs of the above-named company.
- ☐ I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and that the reporting entity has completed the steps necessary to properly route 911 emergency calls in the localities covered by the report as of \_\_\_\_\_.

Signature

Printed name of authorized representative Dorothy J. Sharkey

Title General Manager

Date 3/8/02

This filing is: ☒ original filing ☐ revised filing

PERSONS MAKING WILLFULL FALSE STATEMENTS IN THIS DOCUMENT CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001.

